

July 17, 2001

Mr. Mark A. Imel  
Capitol City Metals, LLC  
311 South Shelby Street  
Indianapolis, Indiana 46202

Re: 097-14557-00111  
Second Administrative Amendment to  
**FESOP 097-5422-00111**

Dear Mr. Imel:

Indianapolis Shredding Co., L.L.C. was issued its initial Federally Enforceable State Operating Permit (FESOP) on January 27, 1999 for an auto wrecker or dismantler under a Standard Industrial Classification (SIC) Code of 5093. A letter requesting an operating name change to Capitol City Metals, LLC was received by the City of Indianapolis ERMD on May 23, 2001. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows (deletions in strikeout and additions appear in bold):

1. The operating name change from Indianapolis Shredding Co. LLC to Capitol City Metals, LLC affects the cover or Title page of FESOP 097-5422-00111 and is revised to state:

~~Indianapolis Shredding Co., L.L.C.~~  
**Capitol City Metals, LLC**  
311 South Shelby Street  
Indianapolis, Indiana 46202

2. The operating name change also affects Section A.1 on page 4 of 33 as follows:

A.1 General Information [326 IAC 2-8-3(b)]

---

The Permittee owns and operates a metal shredding plant.

Responsible Official: ~~Indianapolis Shredding Co., L.L.C.~~  
**Capitol City Metals, LLC**  
Source Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
Mailing Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
SIC Code: 5093  
County Location: Marion  
County Status: Attainment for PM-10, Ozone, CO, SO<sub>2</sub>, and NO<sub>2</sub> ;  
Nonattainment for TSP  
Source Status: Minor Source, FESOP Program

3. The operating name change affects the Reporting Form pages on pages 30, 31, 32 and 33. The changes for each form are as follows:

Source Name: ~~Indianapolis Shredding Co., LLC~~ **Capitol City Metals, LLC**  
Source Address: 311 South Shelby Street, Indianapolis, Indiana 46202

Mailing Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
 FESOP No.: F097-5422-00111

4. In addition, the two (2) page ~~EMERGENCY/DEVIATION OCCURRENCE REPORT~~ Form has been retitled to the **EMERGENCY OCCURRENCE REPORT** Form. The reporting of Deviations has been taken out of this report form. All reference to ~~Emergency/Deviation~~ has been modified to state **Emergency** on both pages 31 and 32 of 33.
  
5. As a result of the changes to the ~~EMERGENCY/DEVIATION OCCURRENCE REPORT~~ Form, the ~~QUARTERLY COMPLIANCE MONITORING REPORT~~ Form that appeared on Page 33 of 33 is now a two (2) page report form and is revised to be titled **QUARTERLY DEVIATION and COMPLIANCE MONITORING REPORT** Form. The two (2) page reporting form causes a new page to be added to the amended FESOP and is Page 33a. The form now requires the source to not only report that there were deviations, but to also include the probable cause and the response steps taken. IDEM, OAQ and ERMD are no longer requiring sources to report deviations in ten days, therefore every source will need to submit this report quarterly. For sources with an applicable requirement which gives an alternate schedule for reporting deviations, those deviations will not need to be reported quarterly, but instead should be reported according to the schedule in the applicable requirement.

Elements of the revised report form appears as follows:

<p>This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".</p>	
<p>9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p>9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
<p><b>Permit Requirement</b> (specify permit condition #)</p>	
<p><b>Date of Deviation:</b></p>	<p><b>Duration of Deviation:</b></p>
<p><b>Number of Deviations:</b></p>	
<p><b>Probable Cause of Deviation:</b></p>	
<p><b>Response Steps Taken:</b></p>	
<p><b>Permit Requirement</b> (specify permit condition #)</p>	
<p><b>Date of Deviation:</b></p>	<p><b>Duration of Deviation:</b></p>
<p><b>Number of Deviations:</b></p>	
<p><b>Probable Cause of Deviation:</b></p>	
<p><b>Response Steps Taken:</b></p>	

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Mr. Mark Caraher at (317) 327-2234.

Sincerely,

Daniel B. Dovenbarger  
Administrator, ERMD

Attachments Amended FESOP pages

MBC

cc: file (2 copies)  
Mindy Hahn, IDEM, OAQ

# FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)

## OFFICE OF AIR QUALITY and INDIANAPOLIS ENVIRONMENTAL RESOURCES MANAGEMENT DIVISION AIR QUALITY MANAGEMENT SECTION

**Capitol City Metals, L.L.C.  
311 South Shelby Street  
Indianapolis, Indiana 46202**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the facilities listed in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 and contains the conditions and provisions specified in 326 IAC 2-8 and 40 CFR Part 70.6 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments) and IC 13-15 and IC 13-17 (prior to July 1, 1996, IC 13-1-1-4 and IC 13-7-10).

Operation Permit No.: F097-5422-00111	
Issued by: Dr. Robert F. Holm, Administrator Environmental Resources Management Division	Issuance Date: January 27, 1999
First Administrative Amendment 097-11504-00111 Pages Affected: Pages 27a & 27b supercede Page 27	
Issued by: Dr. Robert F. Holm, Administrator Environmental Resources Management Division	Issuance Date: November 17, 1999
Second Administrative Amendment 097-14557-00111 Pages Affected: 1, 4, 30, 31, 32, 33 and 33a	
Issued by:  Daniel B. Dovenbarger, Administrator Environmental Resources Management Division	Issuance Date:

## SECTION A SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Management (OAM) and Environmental Resources Management Division (ERMD), and presented in the permit application.

### A.1 General Information [326 IAC 2-8-3(b)]

---

The Permittee owns and operates a metal shredding plant.

Responsible Official: Capitol City Metals, LLC  
Source Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
Mailing Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
SIC Code: 5093  
County Location: Marion  
County Status: Attainment for PM-10, Ozone, CO, SO<sub>2</sub>, and NO<sub>2</sub> ;  
Nonattainment for TSP  
Source Status: Minor Source, FESOP Program

### A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-8-3(c)(3)]

---

The stationary source consists of the following emission units and pollution control devices:

One metal shredding operation consisting of the following:

- (a) One (1) metal / fluff separation cascade installed June 1991, identified as 0001, with a maximum rated capacity of 70 tons per hour, and emissions controlled by a cyclone, and exhausting at stack #1.
- (b) One (1) hammermill operation installed June 1991, identified as 0002, with a maximum rated capacity of 70 tons per hour, and emissions controlled by cyclone and a scrubber, and exhausting at stack #2.

### A.3 Insignificant Activities [326 IAC 2-7-1(21)] [326 IAC 2-8-3(c)(3)(1)]

---

This stationary source also includes the following insignificant activities, as defined in 326 IAC 2-7-1(21):

- (1) Paved and unpaved roads and parking lots with public access.

### A.4 FESOP Applicability [326 IAC 2-8-2]

---

This stationary source, otherwise required to have a Part 70 permit as described in 326 IAC 2-7-2(a), has applied to Indiana Department of Environmental Management (IDEM), Indianapolis Local Agency, Environmental Resources Management Division, (ERMD), for a Federally Enforceable State Operating Permit (FESOP).

### A.5 Prior Permit Conditions Superseded [326 IAC 2]

---

This permit supersedes the conditions of all construction and operating permits issued under 326 IAC 2 prior to the effective date of this permit.

Send Original To:

Send Copies To:

**Environmental Resources Management Division  
Air Quality Management Section  
Compliance Data Group  
2700 South Belmont Avenue  
Indianapolis, Indiana 26221-2091  
Voice: 317/327-2234 Fax: 317/327-2274**

**Indiana Department of Environmental Management  
Office of Air Quality  
Compliance Data Section  
100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015**

## FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP) CERTIFICATION

Source Name: Capitol City Metals, LLC.  
Source Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
FESOP No.: F097-5422-00111

**This certification shall be included when submitting monitoring, testing reports/results  
or other documents as required by this permit.**

Please check what document is being certified:

- 9 Deviation Occurrence Reporting Form (For Control Equipment Monitoring)
- 9 Deviation Occurrence Reporting Form (For Material Usage, Quality, Etc.)
- 9 Relocation Notification
- 9 Test Result (specify) \_\_\_\_\_
- 9 Report (specify) \_\_\_\_\_
- 9 Notification (specify) \_\_\_\_\_
- 9 Other (specify) \_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

P.O. Box 6015  
100 North Senate Avenue  
Indianapolis, Indiana 46206-6015  
Phone: 317-233-5674  
Fax: 317-233-5967

and

**INDIANAPOLIS ENVIRONMENTAL RESOURCES MANAGEMENT DIVISION  
AIR QUALITY MANAGEMENT SECTION, COMPLIANCE DATA**

2700 S. Belmont Ave.  
Indianapolis Indiana 46221  
Phone: 317-327-2234  
Fax: 317-327-2274

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
EMERGENCY OCCURRENCE REPORT**

Source Name: Capitol City Metals, LLC.  
Source Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
Mailing Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
FESOP No.: F097-5422-00111

**This form consists of 2 pages**

**Page 1 of 2**

9 This is an emergency as defined in 326 IAC 2-7-1(12)  
CThe Permittee must notify the Office of Air Management (OAM), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and  
CThe Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16.

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

**Page 2 of 2**

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency?    Y    N Describe:
Type of Pollutants Emitted: PM, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 OFFICE OF AIR QUALITY  
 COMPLIANCE DATA SECTION  
 and  
 INDIANAPOLIS ENVIRONMENTAL RESOURCES MANAGEMENT DIVISION  
 AIR QUALITY MANAGEMENT SECTION, COMPLIANCE DATA**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
 QUARTERLY DEVIATION and COMPLIANCE MONITORING REPORT**

Source Name: Capitol City Metals, LLC  
 Source Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
 Mailing Address: 311 South Shelby Street, Indianapolis, Indiana 46202  
 FESOP No.: F097-5422-00111

**Months:** \_\_\_\_\_ **to** \_\_\_\_\_ **Year:** \_\_\_\_\_

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

**Permit Requirement** (specify permit condition #)

**Date of Deviation:**

**Duration of Deviation:**

**Number of Deviations:**

**Probable Cause of Deviation:**

**Response Steps Taken:**

**Permit Requirement** (specify permit condition #)

**Date of Deviation:**

**Duration of Deviation:**

**Number of Deviations:**

**Probable Cause of Deviation:**

**Response Steps Taken:**

<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

Form Completed By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.